

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 20/527803													
1 Date of Request: _____		2 Serial/Patent # _____											
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT									
		Filing			\$								
		Amendment			\$								
		Extension of Time			\$								
		Notice of Appeal/Appeal			\$								
		Petition			\$								
		Issue			\$								
		Cert of Correction/Terminal Disc.			\$								
		Maintenance			\$								
		Assignment			\$								
Other			\$										
		7 TOTAL AMOUNT OF REFUND		\$									
		8 TO BE REFUNDED BY:											
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: _____ <div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>											
Overpayment													
Duplicate Payment													
No Fee Due (Explanation): _____													
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: _____		<div style="font-size: small;"> TITLE: _____ ADDED: 03/22/2005 DATE: 07/29/2005 OKIOWELL 03/22/2005 SNAJAKRO 00000061 190134 1052783 PHONE: 580.00 CR </div>											
SIGNATURE: _____													
OFFICE: _____													
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****													
APPROVED: _____		DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: